

**COURT REPORTERS BOARD OF CALIFORNIA**

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## REQUEST FOR ADDRESS CHANGE

NAME: \_\_\_\_\_ CSR # \_\_\_\_\_

OLD ADDRESS OF RECORD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_

PHONE: \_\_\_\_\_

CHANGE ADDRESS OF RECORD TO: \_\_\_\_\_

(provided to public)

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_

PHONE: \_\_\_\_\_

PRIVATE ADDRESS (OPTIONAL): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS (OPTIONAL): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE

**NOTE: OLD ADDRESS OF RECORD MUST BE FILLED OUT IN ORDER TO PROCESS YOUR REQUEST. YOUR POCKET LICENSE WILL NOT BE ISSUED UNTIL THIS FORM IS RETURNED TO THE BOARD.**